GRIEVANCE PROCEDURE

1.0 The employee shall discuss any difficulties with his immediate supervisor, who shall give the employee either a verbal or written answer including reasons.

A. When an employee's grievance is against his immediate supervisor, he may direct his initial statement to the second level supervisor.

2.0 If the problem is not resolved at the first step, the employee may submit to the institution personnel officer in person or through a representative a written statement of the difficulty in triplicate on Grievance Report Forms. Within two working days the institution personnel officer shall obtain the comments of the immediate supervisor on all copies, retain one copy and send the other two copies to the employee. The employee keeps one copy and if he wishes to submit the problem to higher authority, uses the original as an appeal request.

3.0 If the employee wishes to appeal, he or his representative may file the original copy of the Grievance Report with the institution personnel officer, who shall immediately send his office copy with the original to the reviewing official. After discussion with the employee and/or his representative and study of the Grievance Report, the reviewing official shall indicate his decision and reasons and send both copies to the institution personnel officer who shall in turn forward the original to the employee and retain the copy. This step shall be completed in three working days.

A. The reviewing official, for this purpose, shall be the Business Manager (for all employees coming under his jurisdiction), the Superintendent of Nurses (for all nurses and technicians), the Director of Clinical Services (for all employees under his jurisdiction, except nursing personnel), and the Assistant Superintendent (for all employees under his jurisdiction not included in the above groups).

4.0 If no satisfactory settlement is reached in Procedure 3.0, the employee or his representative may appeal to the institution personnel officer by returning the original Grievance Report to him. The institution personnel officer will ascertain the facts, work with the reviewing official and the employee and/or his representative in an attempt to reach an understanding, and enter the facts on the Grievance Report. He shall return the original to the employee and retain the copy. This step shall be completed within five working days.

A. If no satisfactory settlement is reached at Procedure 4.0, the employee or his representative may return the original Grievance Report to the institution personnel officer who shall immediately transmit both copies to the Superintendent. After discussion with the employee and/or his representative, the Superintendent shall indicate his decision and reasons on the forms and return them to the institution personnel officer, who shall immediately forward the original to the employee and retain the copy. This step shall be completed within five working days.

SONOMA STATE HOSPITAL GRIEVANCE PROCEDURE

1.0 It is our desire that your service here may bring you a minimum of work-related gripes. Also, we want such as may occur to be quickly resolved.

2.0 It is with these interests in mind that the following Grievance Procedure has been developed. It is for the use of any employee with a problem, unhappiness, or dissatisfaction with his working conditions. It provides a relatively simple means for appeal of such matters to:

A. Your Supervisor

B. Your Department Head

C. The Assistant Superintendent of Medical Services

D. The Director

3.0 It is to be used freely with the understanding that retaliation for its use is not tolerated. Questions on its use may be discussed with your Supervisor or with the Personnel Officer, from whom these forms are available.

MEDICAL CARE AND HOSPITALIZATION OF EMPLOYEES

1.0 Following are excerpts from the Department of Mental Hygiene Rules and Regulations:

A. Officers and employees shall not be entitled to drugs, dental, medical and surgical service at the institution but must secure such services personally, except as hereinafter outlined.

B. In case of emergency the superintendent may authorize medical, surgical or hospital service for officers and employees. The Superintendent shall be the judge of what constitutes an emergency.

C. Where officers and employees are provided with emergency medical service, they shall reimburse the State for the value of such service, drugs or hospital room furnished at cost to the State.

2.0 These rules are being called to your attention because of the many requests by employees for medical care. Although Rule B states that the Superintendent shall decide which cases are true emergencies, this is being left to the good judgment of the Medical Staff. Medical attention will be given by our staff doctors to employees only in case of genuine emergency.

3.0 Please note that there will be charges for Hospitalization, X-rays, Laboratory work, and drugs supplied to employees.

EMERGENCY CARE - EMPLOYEE

NAME_____ DATE_____

HOME ADDRESS_____

DEPARTMENT WORKING_____

NATURE OF INJURY_____

_____

_____

_____

FIRST AID, MEDICATION, TREATMENT GIVEN_____

_____

_____

FURTHER TREATMENT NECESSARY?_____

REFERRED WHERE?_____

SIGNATURE OF EMPLOYEE_____

SIGNATURE OF DOCTOR_____

MEDICAL ATTENTION FOR EMPLOYEES AND VISITORS

1.0 Physical and legal limitations make it impossible to give extended or regular medical service or hospitalization to other than our patients. However, it is our responsibility as employers and as medical institutions to grant effective and prompt emergency first aid medical attention to all employees and visitors who are taken sick or are injured while on hospital property.

2.0 Emergency first aid medical attention involves the prompt application of available medical measures, including required temporary hospitalization, needed to carry the individual in as good condition as possible until he has been placed under the charge of his own or another qualified physician, or, in case no further medical attention is necessary, until he can properly care for himself. This responsibility includes contacting the physician and arranging for removing of the individual to a suitable hospital or to his home, when necessary. In case the individual is unable to indicate a physician, the institution should suggest qualified physicians.

Relation to the State Retirement System

7.0 These benefits are unrelated to and exclusive of the benefits available through the State Retirement System.

Claims for Loss of Personal Articles

8.0 Replacement of dentures and broken glasses will be made when the accident also causes personal injury. Calims for torn or damaged clothing, hearing aids, wrist watches and, where no work-connected personal injury is involved, claims for eye glasses, dentures and artificial members are not covered by compensation insurance. Such claims should be made to the Board of Control, through the Personnel Office, in the manner described in the institution's procedure manuals. (USE YELLOW REPORT)

Booklets giving more detailed information on benefits available to employees under Workmen's Compensation Law of California may be obtained at the Personnel Office.

Sonoma State Hospital, Personnel Office

WORKMEN'S COMPENSATION

1.0 Each employee of the Sonoma State Hospital is covered by the State under the provisions of the Workmen's Compensation Law for any injury or disease incurred during the course of and arising out of his employment here. The State Compensation Insurance Fund is the adjusting agency for the Department of Mental Hygiene, and if liability is accepted, benefits listed below are available to the employee:

Submission of Claim

2.0 Immediately after being injured or contracting a disease on the job the employee should submit an Employee Incident Report (PINK) to his Supervisor. His Supervisor will complete the lower section of the Report and send it to the Timekeeper, after which it will be sent to the Personnel Office for submitting a formal report to the State Compensation Insurance Fund.

Medical Treatment

3.0 The employee is entitled to all medical, surgical and hospital treatment necessary to cure or relieve him from the effects of the injury or disease. This includes medicines, medical and surgical supplies, crutches and artificial members such as eyes, arms, legs, and the like, and also includes the replacement of broken glasses and dentures when such breakage is caused by a work-connected injury. Under the Compensation Insurance law, an injured employee cannot change doctors without first securing authorization either from the employer or the State Compensation Insurance Fund. If such a change is made without the prior authorization, it may result in the injured person having to pay for the services of the physician of his choice.

Temporary Disability Indemnity

4.0 The employee is entitled to a weekly cash benefit, based on earnings at the time of injury, not to exceed $50. per week for the time required to recover from the injury or disease, or to reach a condition where no further improvement may be expected. However, no payment is allowed for the first seven days unless the injury causes disability in excess of forty-nine days. These benefits may be supplemented with earned sick leave and/or vacation to the extent that benefits and sick leave and/or vacation equal the regular salary.

Permanent Disability Indemnity

5.0 If a work-connected injury causes the permanent loss or loss of use of a part of the body or body function, additional compensation in the form of a permanent disability rating may be granted. Such determinations are the function of the Permanent Disability Rating Bureau of the Industrial Accident Commission.

Death Benefits

6.0 If injury or disease results in death, burial expense of $400. maximum will be paid. A death benefit payable in installments may be allowed to the deceased employee's dependents. For total dependency this is a sum equal to four times the average annual earnings of the employee, but cannot exceed the sum of $12,000. except in the case of the surviving widow and one or more dependent minor children, in which case the maximum is $15,000.

REPORT OF IMMEDIATE SUPERVISOR

a. Did you personally confirm the accuracy of the above statements?_____

b. Did your investigation develop anything not covered above?_____

c. REMARKS: (Include recommendations for preventing similar accidents)

_____

_____

_____

_____

Date:_____ Time:_____ Signed:_____

EMPLOYEE'S BILL TO STATE OF CALIFORNIA

(To be filled in and signed by the employee claiming damages)

TO: _____State Hospital

For repair/replacement of _____ damaged by patient on _____
(cross out one) (article) (date)

in the amount of $_____ as indicated by attached bill (in triplicate)

for same.

This represents the actual value of the article at time of damage.

Signature of employee _____

Title _____

STATEMENT OF SECTION CHIEF

I have personally investigated the claim of _____
(name of employee) (title)

that his/her _____ was/were damaged by a patient on _____
(article) (date)

necessitating repair/replacement at a cost of $_____ as shown on the attached bill and find that the circumstances as set forth in Accident Report are correct.

Date:_____ Signature _____

Title _____

P.O./13

Please complete in duplicate

CLAIM FOR DAMAGE TO EMPLOYEE'S PERSONAL PROPERTY 26A

Instructions to Employees

This form is to be used in claiming reimbursement for repair or replacement of employees' eye glasses, hearing aids, dentures, watches, or articles of clothing, necessarily worn or carried, when damaged in the line of duty without fault of employees, under Government Code Section 19258.

You must obtain a receipted bill in duplicate from the doctor or firm replacing or repairing the damaged article. Include a statement showing the age, type and value of the damaged article. In the case of eye glasses, the type of lens must be specified (such as "bifocal", "trifocal", etc.), and an itemized bill must be supplied from the optometrist or other specialist showing the price of each item that was replaced and bearing a statement "No charge for eye examination". If these directions are not followed the "Claim for Damage to Employee's Personal Property" forms will be returned to the employee for correction.

Date of Accident_____
Time:_____AM_____PM_____
On Duty _____

1. Name_____

2. Classification_____

3. Home Address _____

4. Age_____ (Check X) Male_____ Married_____
Female_____ Single_____

5. Exact place of accident _____
(Give specific location, such as "front door Lux Cottage")

6. What were you doing when accident occurred?_____

_____

7. How did accident happen? _____

_____

_____

_____

_____

Signature of Employee _____

Date of this Report _____

Witness _____

INSTRUCTIONS - " CLAIM FOR DAMAGE TO EMPLOYEE'S PERSONAL PROPERTY.

1.0 "Personal Property" refers to eye glasses, hearing aids, dentures, watches or clothing when damaged or destroyed in line of duty without fault of the employee.

A. In cases where a compensable injury is also involved, the damage to personal property is reported on the PINK Accident Report Form. (Refer to page 25 and 25-A)

Otherwise the damage is reported in duplicate on the BLUE Accident Report, (See SAMPLE page 26-A) on which will be found the Instructions to Employee and Employee's Bill to State of California, which must be completed in duplicate. It is also necessary for the employee to obtain two copies of the receipted bill from the doctor or store which replaces or repairs the damaged goods. No claim can be filed until the bill is paid and receipted bills are obtained. These should be attached to the BLUE copies of the Accident Report and submitted to the office of the Personnel Officer's secretary.

PROCEDURE

2.0 The employee making the claim should write out a statement giving an account of the incident, description of damage, and age and value of the article to be replaced or repaired.

A. If the incident was witnessed by another employee, have such employee sign his name in the proved space.

B. Have your area supervisor complete the Report by Supervisor at the top of the page.

C. Submit a receipted bill in duplicate from the doctor or store showing amount paid to replace/repair the article.

D. Fill out Employee's Bill to State of California on the back of the Accident Report, covering the amount of the bill, and sign it.

E. Submit these papers to the Personnel Officer's secretary for further action.

ACCIDENT REPORT
(Make out in Duplicate)

Date of Injury 12-20-57

1. Name Black, Sarah — Time 7:30 AM PM — On Duty? yes
2. Classification Psych.Tech.Jr.#309-0215-016
3. Home Address _____
4. Age _____ (Check X) Male _____ Married _____ Female X Single _____
5. Exact place of accident #56 - Lux - in day hall
(Give specific location, such as "Front door of Lux Cottage)
6. What were you doing when accident occurred? Trying to restrain patient from attacking anothor
7. How did accident happen? In trying to restrain patient from attacking another patient, I received severe lacerations of the left shoulder. Also the sleeve of my uniform was badly torn.
8. Describe fully the nature of injury, and state what parts of body were affected. Lacerations of left shoulder
9. Did you receive emergency treatment here? yes From whom? self-with Merthiolate
10. Did you consult a private physician? yes On what date? 12-21-57
Doctor's name and address: Dr. J. K. Jones, Glen Ellen
11. Witness Mary Brown Ruth Green — Signature of injured Sarah Black — Date of this report 12-22-57

REPORT BY SUPERVISOR

a. Did you personally confirm the accuracy of the above statements? _____
b. Did your investigation develop anything not covered above? _____
c. REMARKS: (Include recommendations for preventing similar accidents)

Date: _____ Time: _____ Signed _____

TIMEKEEPER: Please furnish the following information: Position No. _____
Did the above employee fail to report on his next scheduled shift? _____
What was the last date employee reported for work? _____
Were the absent days due to the injury? _____
(Please attach a current schedule when necessary.)

_____
Initials and date

(Personnel Office 9-25-53)

ACCIDENT REPORT #2 -- (Personal Injury and Property Damage)

1.0 If an accident is incurred resulting in an injury which involves personal property damage --

A. Fill out "PINK Accident Report" in duplicate.

B. State how property was damaged (in line of duty - working with patient, etc.).

C. Have accident report on Superintendent of Nursing Service desk within 24 hours after the accident.

D. If witnessed by another employee, have him/her write his/her version of the incident.

See Sample #2 - next page

#1

ACCIDENT REPORT

(Make out in Duplicate)

Date of Injury 12-6-57

Time 9:30 AM

On Duty?

1. Name Doe, Jane
2. Classification Psych. Tech. Tr. #300-8235-001
3. Home Address
4. Age _____ (Check X) Male _____ Married _____

Female X Single _____

5. Exact place of accident Dormitory of Ward #55

(Give specific location, such as "Front door of Lux Cottage)

6. What were you doing when accident occurred? Diapering patients
7. How did accident happen? Pinning diapers with dull safety pins.
8. Describe fully the nature of injury, and state what parts of body were affected.

Forefinger of right hand - pin prick

9. Did you receive emergency treatment here? yes From whom? self-applied Merthiolate
10. Did you consult a private physician? no On what date?

Doctor's name and address:

Signature

11. Witness Ann Smith of injured Jane Doe

Date of this report 12-6-57

REPORT BY SUPERVISOR

a. Did you personally confirm the accuracy of the above statements?

b. Did your investigation develop anything not covered above?

c. REMARKS: (Include recommendations for preventing similar accidents)

Date: _____ Time: _____ Signed _____

TIMEKEEPER: Please furnish the following information: Position No. _____

Did the above employee fail to report on his next scheduled shift? _____

What was the last date employee reported for work? _____

Were the absent days due to the injury? _____

(Please attach a current schedule when necessary.)

Initials and date

(Personnel Office 9-25-53)

ACCIDENT REPORT #1 -- (Personal Injury)

1.0 In case of an injury, the Technician should fill out the "PINK ACCIDENT REPORT" in duplicate.

A. Make as soon as possible after an accident occurs.

B. The report should be in the office of the Superintendent of Nursing Service within 24 hours after the accident happened.

C. Be explicit.

D. If witnessed by another employee, have such employee write his/her statement of the incident.

See Sample #1 on next page.

"SAFETY FOR ALL"

To keep accidents to a minimum, alert employees will.....

ALWAYS remember their responsibility for the safety of the patients and/or employees assigned to their section!

ALWAYS keep work areas tidy!

ALWAYS keep oily or slick substances off floors and walkways!

ALWAYS use safety equipment when and where required!

ALWAYS be attentive to the job at hand!

ALWAYS comply with all traffic regulations when operating motor vehicles!

ALWAYS use goggles when working on eye-hazardous jobs!

ALWAYS be extremely careful when lifting or pulling heavy objects!

ALWAYS use sharp or pointed tools, such as knives, files, safety pins, with extreme care.....and only on jobs for which they were intended!

ALWAYS report unsafe wiring conditions, dripping faucets, etc., promptly!

AND.....!!!

BE SURE TO.....complete an accident report on any job-related accident or disease!!

AND.....!!!

Frequently read "Your Guide to Safety as a Hospital Employee!"

SALARY ASSIGNMENT - TERMINAL PAYMENTS

1.0 Every employee who borrows from our local California State Employees' Credit Union signs a salary assignment. If the amount borrowed is large enough, this employee may also be required to sign a retirement contribution assignment.

2.0 If at the time an employee separates he owes money to the Credit Union the Credit Union will indicate on the Clearance Sheet whether they wish the employee's terminal (severance) pay check, his retirement money, or both.

A. When the Credit Union wants only the final pay check(s), the checks are turned over to them when received. The statement of earnings and deduction are attached to a notice sent to the employee telling him that his or her final check(s) has been turned over to the Credit Union.

GARNISHMENTS

1.0 A garnishment against an employee's wages, or salary, is a legal action taken by a creditor to collect money owed to him by the employee.

2.0 When a creditor takes such action he causes to be served on the Personnel Officer of the Hospital an Abstract and Affidavit of Judgment bearing the amount he wishes to collect.

A. The garnishment applies to only one-half ($\frac{1}{2}$) of the earnings of the employee as due him up to and including the date on which the abstract and affidavit is served on the Personnel Officer.

3.0 When the Personnel Office receives an Abstract and Affidavit of Judgment we are legally obligated to submit documents to the State Controller indicating the total amount the creditor wishes to collect. The Controller computes the amount to be deducted as allowable under law and the amount is deducted from the employee's check.

A. The employee is sent a notice by the Personnel Office immediately upon service of the Abstract.

PAY DAY - YOUR CHECK

1.0 Pay Day is always on the first of the month except when the first falls on a Sunday or a Holiday.

1.1 A table of pay periods is on the opposite page.

1.2 Following are a few suggestions for you to bear in mind if you are interested in getting your pay check as early as possible and on time.

A. Make sure your Absence Request (Form #634) has been properly completed and approved by your Supervisor and is in the hands of the Timekeeper well before pay day. This is your personal responsibility.

B. With over 1300 employees to serve on each pay day the Timekeeping and Personnel Offices are extremely busy in their efforts to see that each individual receives his pay warrant, that it is for the correct amount and that all absence requests are in and approved before the check is released to the employee. Any time required to answer questions on sick leave, vacation, salary increases, etc., on the day before, or on pay day, only increases the workload and delays operations all around. Therefore, unless there is an extreme emergency and dire need for such information, postpone your questions until AFTER PAY DAY - PLEASE!

C. If you have not been employed long enough to have earned and accumulated sick leave or vacation and must be absent, you must be docked for the days which you were not on duty.

2.0 The Timekeeping Office tries to report all docks as soon as they are informed of them in order that the employee may receive as much of his check as possible without undue delay.

3.0 Normally the 23rd of each month is the "cut-off" deadline unless the 23rd happens to be a Saturday or Sunday, then the last Friday before the 23rd is "cut-off". If the 23rd falls on Monday, the preceding Friday becomes the "cut-off" date. If the 23rd falls on a Holiday, the day before becomes the "cut-off" date.

A. The "cut-off" date is the deadline date on which the State Disbursing Office must have all information pertaining to employees' pay for that pay period.

B. When the Timekeeping Office must report a changed attendance after the "cut-off" date the pay check must be reissued and consequently delayed.